

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial)

**A.** Courtney for Congress

Mailing Address 12 Goose Lane Suite 2

City  
Tolland

State  
CT

Zip Code  
06084-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOSEPH D COURTNEY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 02

**Transaction ID:** 60110.E7410

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Courtney for Congress

Mailing Address 12 Goose Lane Suite 2

City  
Tolland

State  
CT

Zip Code  
06084-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOSEPH D COURTNEY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CT District: 02

Convention 2006

**Transaction ID:** 60110.E7412

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** DCCC

Mailing Address 430 S. Capitol St., S.E.

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
EXCESS CAMPAIGN FUNDS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Convention 2006

**Transaction ID:** 51210.E7384

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

53000.00

**TOTAL** This Period (last page this line number only) .....